

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 JAN 29 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001272

1. Limited Liability Company's Name

D & S FEDERAL PROPERTY OF CORAL
SPRINGS L.L.C.

REINSTATEMENT

2001-2002

2. Principal Office Address

11935 NW 37th ST

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33065

Country

U.S.

3. Mailing Office Address

11935 NW 37th ST

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33065

Country

U.S.

4. State/Country of Formation

FLORIDA, UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

3/5/99

6. FEI Number

65-0904087

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

RICHARD FOCKE

Street Address (P.O. Box Number is Not Acceptable)

11935 NW 37th ST

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

100004853741-8
-02/01/02--01060--022
****205.00 ****205.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Richard A. Focke

REGISTERED AGENT MUST SIGN

Date

1/24/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR/M</u>	<u>Henry R. Focke JR</u>	<u>13000 NW 1ST ST</u>	<u>PANAMA FL 33325</u>
<u>MGR</u>	<u>DONALD E GRANT JR</u>	<u>153 NW 114TH WAY</u>	<u>CORAL SPRINGS FL 33071</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Donald E Grant Jr

Date

1/24/02

Daytime Phone#

(954) 656-1700 X32

Typed or printed name of signing Managing Member/Manager

DONALD E GRANT JR